## UNIVERSITY OF MARYLAND MEDICAL CENTER RENEWAL APPLICATION FOR ENDOSCOPY PRIVILEGES

NAME:	DATE:			
DEPT/DIVISION:				
<b>NOTE:</b> Any attending physician not meet deficient in number monitored by the Endo number.				
	To Be Completed By Applicant			Recommendations
D 1	G **	D (1	# done in past	(To be completed by
Procedures Esophagogastroduodenoscopy (EGD)	Criteria 25	Requested	24 months	Section Chief)
Colonoscopy	25			
Sigmoidoscopy (includes colonoscopy)				
Polypectomy	10			
	10			
Endoscopic Retrograde Cholangiopancreatography (ERCP)	20			
Nonvariceal Hemostasis	10			
Variceal Hemostasis	5			
Esophageal Dilation	5			
Enteral Stent Placement	5			
Percutaneous Enteral Gastrostomy (PEG)	10			
Endoscopy Ultrasound	50			
Endoscopic Ultrasound				
Fine Needle Aspiration	20			
Argon Plasma Coagulation	10			
Pneumatic dilation for achalasia	5			
Enteroscopy	5			
Liver Biopsy	5			
Laser Therapy of Malignancy*	5			
* Separate Laser Application Required  NOTE: All physicians must be credential portion on your departmental delineation			ous) sedation. Plea	ase complete appropriate
After completing this form, please return Baltimore, MD 21201.	n it to Medio	cal Staff Servi	ces, 29 South Gre	ene Street, Room 420,
Applicant's Signature			Date	
Director of Endoscopy			Date	

Date

Section Chief/Department Chair